

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Title:: ASYMMETRIC WIRELESS PROTOCOL
COMMUNICATIONS

Attorney Docket Number:: 021245-001300US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Vincent

Middle Name:: K.

Family Name:: Jones

Name Suffix:: IV

City of Residence:: Redwood City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 2060 Seabrook Court

City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94065

Applicant Authority Type:: Inventor
Primary Citizenship Country:: -----
Status:: Full Capacity
Given Name:: Partho
Middle Name::
Family Name:: Muhra
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: -----
Status:: Full Capacity
Given Name:: Greg
Middle Name::
Family Name:: Raleigh
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number::

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::